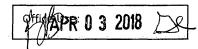


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization HAND DELIVERED

Statement Information Date: 04/03/2018		
	91278 & section	changed 2, 3, 6
Committee Information		
Committee to Elect Nick Marshall		
Name of Committee		
PO Box 14235, Parkville, MO 64152		(816) 452-1800
Committee Malline Address. Citv. State. & Zin	Platte County Boar	Telephone Number
Official Committee Email Address	County Clerk or Board of Election Comm	
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing	(PAC) □ Debt Service □ Ex	cploratory : Political Party
Treasurer/Deputy Treasurer Information		· <u> </u>
Nickolas A. Marshall		
Treasurer's Name (First & Last)	reason of a commence of the co	
PÓ Box 14235, Parkville, MO 64152	(816) 729-2022	<u>(816) 452-1800</u>
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
	()	()
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	per Dep. Treasurer's Work Telephone Num
Additional Committee Information		
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	Address, City, State, & Zip
Connected Organization's Name (if any)	Connected Organization's Mailing Address	ss, City, State, & Zip
	-3 [V/ . f/ . i . /	
CANDIDATES: Do you have more than one candidate committees Official Bank Account Information (required by all committees		on back) 🗀 NO
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Name & Mailing Address, City, State, & Zio of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees must	t include self. if candidate)	· · · · · · · · · · · · · · · · · · ·
Nick Marshall, PO Box 14235, Parkville MO 64152	(816)452-1800	1 A
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee	ees Only)
08/07/2018 Prosecuting Attorney Platte County	Republican	Support
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all com	mittees)	
I affirm and attest under penalty of perjury that information a further acknowledge that I am aware that any false statement or		